

## **FAQs related to COVID-19's Effect on Tennessee Schools**

Safe, in-person learning for Tennessee students is essential. We can achieve this goal through proven COVID-19 mitigation strategies for students, teachers, and staff. Proven mitigation strategies include vaccination, masking, social distancing, isolation of positive cases, and quarantining of close contacts. Adults who work in our school systems are vital partners in mitigating COVID-19 to keep schools open. The Tennessee Department of Education worked with the Tennessee Department of Health to provide this FAQ document for schools, districts and communities.

### **1. What is the best way to keep teachers and staff in schools?**

Vaccination. Vaccinated individuals are exempt from quarantine as long as they are not showing symptoms. More information regarding vaccinated individuals' exemption from quarantine can be found [here](#).

### **2. What is the best way to prevent infection, isolation, and quarantine in the K-12 setting?**

Vaccination. Those who are not eligible for vaccination should practice other mitigation strategies like masking and social distancing. Practicing these mitigation strategies will reduce infections and the likelihood that you need to isolate or quarantine. Multiple mitigation measures are necessary to limit the spread of COVID-19. If vaccination and masking are not prevalent in a K-12 setting, then isolation and quarantine are even more important. More information on mitigation measures for the K-12 setting can be found [here](#).

### **3. What is the difference between isolation and quarantine?**

Both isolation and quarantine slow the spread of COVID-19. Both isolation and quarantine involve staying at home and staying away from other people. Isolation is for a person who is COVID-positive. There are [no exceptions](#) to isolation. Quarantine is for a person who is a close contact of a COVID-positive case. There are [exceptions](#) to quarantine.

### **4. Vaccinated individuals are exempt from quarantine. Who else is exempt?**

Quarantine slows the spread of COVID-19, and mitigation strategies like masking and social distancing reduce the likelihood of quarantine. Quarantine [exceptions](#) are:

- You are vaccinated.
- You were positive for COVID-19 in the previous 3 months, you have recovered, and you remain free from COVID-19 symptoms.
- You were exposed to a COVID-19 infected individual in the K-12 indoor classroom setting, and both you and the infected individual consistently and correctly wore masks the entire time.
- You are not a close contact of a COVID-19 infected individual.

Even if you satisfy a quarantine exception, wearing a mask for 14 days after your exposure is appropriate.

### **5. Who is a close contact?**

A [close contact](#) includes someone:

- Living in the same household as a person infected with COVID-19
- Caring for a person infected with COVID-19
- Being in direct contact with the bodily fluids of a person infected with COVID-19 (for example, being coughed on, kissing, sharing drinks or utensils, etc.)
- Who has been within 6 feet of a person infected with COVID-19 for at least 15 minutes within 24 hours (either consecutive or cumulative.) However, this general guidance depends on the exposure level and

setting. The final decision on who constitutes a close contact is made at the discretion of the local health department. A close contact of this type is required to self-quarantine, regardless of whether or not masks were worn at the time of the exposure.

Exception: In the K–12 indoor classroom setting, the close contact definition excludes a student who was within 3 to 6 feet of an infected student where both students were engaged in the consistent and correct use of well-fitting face masks. Schools should [structure classrooms](#) in such a way as to facilitate distancing and should consider assigned seating and cohorting classes to minimize crossover among children and adults and aid in identification of close contacts of infected individuals.

**6. If there is a positive COVID case and all close-contact children were properly masking, do the close-contact children need to quarantine?**

No, as long as the infected individual was also correctly and consistently wearing a well-fitting face mask. Additionally, fully vaccinated close contacts are not required to quarantine if they do not have symptoms after exposure to COVID-19. Fully vaccinated close contacts should wear a mask indoors in public for 14 days following exposure.

**7. If there is a positive COVID case and any one of the close-contact children is not properly masked, but the other(s) is/are, do the other children need to quarantine?**

If the COVID-positive child is properly masked, then only unmasked close-contact children need to quarantine. If the COVID-positive child is not properly masked, then all children need to quarantine. Again, fully vaccinated close contacts are not required to quarantine if they do not have symptoms after exposure to COVID-19. Fully vaccinated close contacts should wear a mask indoors in public for 14 days following exposure.

**8. What is the consequence for not isolating positive cases or quarantining non-exempt close contacts?**

Continued and increased community spread of COVID-19, which prolongs the need to practice mitigation measures.

**9. What is involved in contract tracing?**

All COVID cases must be fully investigated, and their contacts identified. This is the only way that appropriate decisions about isolation and quarantine can be made, and these decisions are critical for stopping the spread of the disease.

Ultimately it is the health department's responsibility to ensure that this occurs. However, the cooperation of schools can make this much more efficient and effective, and the more they coordinate with their local health department, the easier the process will be for everyone involved.

Every school should have a formal, mutually agreed upon arrangement with their local health department, to ensure that there are clear, well-defined roles for the contact tracing plan. This requires that schools and health departments have a meeting BEFORE crises occur. Optimally, for maximum efficiency and effectiveness, schools will provide any information that will help to identify contacts of a case (e.g. class rosters, seating charts, schedules, sport team lists, or other information pertinent to a particular person or grade). The agreement between the school and local health department will then dictate who is responsible for determining who had close exposures based on this information (e.g. sometimes this is quite clear, other times it will involve interviews with staff or students, etc.). A list of "close contacts" should be created. Then, each of those people/families should be contacted and given appropriate instructions. In some cases schools will choose to do

this themselves, and in other cases they may choose for the health department to do it. Either option is fine, as long as the job gets done.

To reiterate, there are certain activities that must occur after any case of COVID in a school: 1) All available information to identify contacts must be obtained. 2) People determined to be close contacts must be notified and given appropriate instructions on isolation and quarantine. 3) Someone should be made responsible for ensuring that this process is complete. EITHER schools or health departments may do ANY of these steps, as long as BOTH entities know who is responsible for what. Ultimately, it is the responsibility of the health department to make a final assessment of quarantine and isolation (by standard published online guidance and also available for special circumstance determination) that the entire process is complete.

**10. Will the Tennessee Department of Health always notify districts when there is a positive case?**

Cases have exponentially increased in the last several weeks. Health departments prioritize school cases with all available staff and technology resources. It is essential that schools and the public assist in these efforts by identifying exposures and communicating those exposures to affected families so that they can timely quarantine as appropriate and seek testing. A district that knows of a positive case should proactively notify potential close contacts to quarantine based on [published TDH guidance](#).